

LFC Requester:

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AGENCY BILL ANALYSIS - 2025 REGULAR SESSION

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Date Prepared: February 6, 2025

Check all that apply:

Bill Number: HB243

Original Correction
Amendment Substitute

Sponsor: Rep. Marian Matthews

Agency Name and Code Number: 305 – New Mexico Department of Justice

Person Writing

Short Title: Interstate Medical Licensure Compact

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SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total						

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
 Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

This analysis is neither a formal Opinion nor an Advisory Letter issued by the New Mexico Department of Justice. This is a staff analysis in response to a committee or legislator’s request. The analysis does not represent any official policy or legal position of the NM Department of Justice.

BILL SUMMARY

Synopsis: House Bill 243 (“HB243”) proposes to enact the Interstate Medical Licensure Compact (“IMLC”) rules and bylaws and to appoint New Mexico compact commissioners to serve as representatives in the Interstate Medical Licensure Compact Commission (“Commission”). HB243 would enable New Mexico to join an interstate medical licensing compact that will provide a process for allopathic or osteopathic physicians to become licensed in multiple states by offering an expedited pathway to licensure.

Section 1 proposes the short title of the act as the “Interstate Medical Licensure Compact”.

Section 2 proposes that the IMLC will be enacted into law, which will commit New Mexico to be legally joined with all other states in the compact.

Section 2, Article 1 states the purpose of the IMLC is to provide another pathway for licensure that does not otherwise change a state’s existing medical practice act. Article 1 proposes that the compact will adopt the prevailing standard for licensure and requires the physician to be under the jurisdiction of the state medical board where the patient is located at the time of the physician-patient encounter. Article 1 will allow state medical boards that are part of the compact retain the authority to take disciplinary action against a physician’s license issued through the compact.

Section 2, Article 2 defines various terms.

Section 2, Article 3 proposes the eligibility requirements for a physician to receive an expedited license under the terms and provisions of that compact state.

Section 2, Article 4 proposes that a physician shall designate a compact member state as their state of principal license and may redesignate its state of principal license at any time. A state can serve as a physician’s state of principal license if the state is: 1) the physician’s principal residence, 2) where at least twenty-five (25) percent of the physician’s practice of medicine occurs, 3) the location of the physician’s employer, or 4) the state designated as state residence for the purpose of federal income tax.

Section 2, Article 5 proposes the requirements for a physician to seek licensure through the IMLC and issuance of expedited licensure. Subsection A requires a physician to file an application with the member board they wish to select as their state of principal license.

Subsection B requires the member board to evaluate the application for eligibility by, among other things, conducting a criminal background check. Subsection C states, upon verification pursuant to Subsection B, eligible physicians for an expedited licensure shall complete the registration process established by the Commission, including the payment of applicable fees. After compliance with Subsection B and Subsection C, Subsection D requires that a member board shall issue an expedited license to the physician to practice medicine in the issue state consistent with all applicable laws, which shall be valid for a period consistent with the licensure period in the member state, pursuant to Subsection E. Subsection F states that the expedited license shall be terminated if the physician fails to maintain the license in the state of principal licensure for a non-disciplinary reason. Subsection G states the Commission is authorized to develop rules for the application process.

Section 2, Article 6 proposes that the member state issuing the expedited license may impose a fee for issuance or renewal through the IMLC. Article 6 also grants the Commission authorization to develop rules regarding fees for expedited licenses.

Section 2, Article 7 proposes the requirements for renewal of a physician's expedited license. Subsection A states the renewal process shall be completed with the Commission and lists the requirements for renewal, which includes complying with all continuing professional development or education requirements for renewal, pursuant to Subsection B. Subsection C states the Commission shall collect and distribute renewal fees to the applicable member board, and Subsection D requires that upon receipt of renewal fees, the member board shall renew a physician's license. Subsection E states that physician information collected in the renewal process will be distributed to all member states. Subsection F states the Commission is authorized to develop rules for the renewal process.

Section 2, Article 8 proposes that the Commission shall establish a database of all physicians who are licensed or who have applied for licensure, pursuant to Article 5. Subsection B states that member boards shall report to the Commission any public action or complaint against a licensed physician who has either applied or has received an expedited license. Subsection C states that member boards shall report disciplinary or investigatory information determined by the Commission, and Subsection D allows member board to report information not required by Subsection C to the Commission. Subsection E and Subsection F state that all member boards shall share complaint or disciplinary information about a physician on request by another member board, and all information shared to the Commission or other member boards shall be confidential. Subsection G states the Commission is authorized to develop rules for the sharing of information process.

Section 2, Article 9 proposes joint investigations for a physician's licensure and disciplinary records. Subsection B grants the authority for joint investigations, and Subsection C provides that a subpoena issued by a member state shall be enforceable in other member states. Subsection D states that member boards may share investigative, litigation, or compliance matters for joint or individual investigations initiated under the IMLC. Subsection E states a member state can investigate actual or alleged violations of statutes in any other member state in which a physician holds a license.

Section 2, Article 10 proposes the disciplinary action for physician licensed through the IMLC. Subsection A states that disciplinary action taken by a member board against a physician license through the IMLC may be subject to discipline by other member boards. Subsection B states that if a license that is granted in the state of principal license is revoked,

surrendered, or suspended, then all licenses issued by members boards shall be placed on the same status. If the license is reinstated, the physician's license shall be reinstated until the respective member board takes action to reinstate. Subsection C states that if disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may impose the same or lesser sanctions or pursue separate disciplinary action. Subsection D states that if a physician's license is revoked, surrendered, or relinquished in lieu of discipline, then any licenses issued by other members boards shall be suspended for ninety days upon entry of the order by the disciplining board to permit the member board to investigate for action. Subsection E states that a license that is automatically suspended or revoked shall be reinstated if the suspension or revocation is solely because the physician performed, recommended, or provided reproductive health services or gender-affirming care.

Section 2, Article 11 proposes the creation of the Commission, which shall be a body corporate and joint agency of the member states. Article 11 proposes that the Commission shall consist of two voting representatives appointed by each member state, who shall serve as commissioners and sets the requirements for commissioners. The Commission shall meet at least once a year, each commissioner is entitled to one vote and lists voting requirements, and a majority of commissioners is a quorum. The Commission shall provide public notice of all meetings, the meetings should be open to the public, the Commission shall keep meeting minutes, and records are subject to public inspection. Article 11 states the Commission shall establish an executive committee that oversees the IMLC and other committees for administration.

Section 2, Article 12 establishes the Commission's duties and powers to include: oversee and maintain the administration of the IMLC; promulgate rules and establish and appoint committees; issue advisory opinions concerning the interpretation of the IMLC; enforce compliance with the IMLC, including the use of the judicial process; pay expenses, purchase and maintain bonds, accept donations and grants of money; lease or purchasing property and selling property; establish a budget, maintain records, coordinate education and training regarding the IMLC; seek and obtain trademarks, copyrights, and patents; and report annually to the member states legislature and governor, which shall include financial audits; and perform functions as may be necessary to achieve the purpose of the IMLC.

Section 2, Article 13 proposes the finance powers of the Commission. Subsection A states the Commission may collect an annual assessment from each member state. Subsection B and Subsection D state that the Commission shall not be obligated to secure the funds or pledge credit. Subsection D states that the Commission shall be subject to a yearly audit.

Section 2, Article 14 proposes the organization and operation of the Commission. The Commission shall adopt bylaws and appoint a chair, vice chair, and treasurer annually. Subsection D and Subsection E offer the scope of the officers and employees' immunity, representation, and liability. Subsection F states the Commission shall defend the executive director and its employees, subject to the approval of the attorney general or other legal counsel of the member state represented by an interstate commission representative.

Section 2, Article 15 proposes the rulemaking functions of the Commission, which includes no later than thirty (30) days of the rule is promulgated, a person may file a petition for judicial review.

Section 2, Article 16 proposes the oversight of the Commission. Subsection A states that the

executive, legislative, and judicial branches of state government in each member state shall enforce the IMLC, but the provisions of the compact, along with promulgated rules, shall be treated as statutory law but shall not supersede the member state's existing authority to regulate the practice of medicine. Subsection B states that courts shall take judicial notice of the IMLC and promulgated rules if any judicial or administrative proceeding in a member state may affect the powers of the Commission. Subsection C states the Commission's entitlement to standing.

Section 2, Article 17 proposes the enforcement of the IMLC, which is granted to the Commission. Subsection B and Subsection D states, that by a majority vote, the Commission may initiate legal action to enforce compliance and can avail itself of any other remedies under state law or regulation of a profession.

Section 2, Article 18 establishes the default procedures for when a member state fails to perform obligations imposed by the IMLC or the rules promulgated by the Commission. Subsection B provides the default procedure, which includes written notice of curing and conditions and provide remedial training and technical assistance. Subsection C, E, F, G states that failure to cure will result in the termination of the IMLC by a vote of the majority of commissioners and proposes termination notice and responsibilities relating to cost. Subsection H states the defaulting state procedures to appeal.

Section 2, Article 19 proposes the Commission shall attempt, and promulgate rules, to resolve disputes that may arise member state or member board.

Section 2, Article 20 proposes that the IMLC shall become effective and binding upon legislative enactment. The Commission may propose amendments to the IMLC but shall not become effective until the amendment is enacted into law by unanimous consent of the member states.

Section 2, Article 21 proposes that, once effective, the IMLC shall be binding on a member state, provided that the member state may withdraw. Subsection B,C, D, E, and F establish the procedure of withdrawal, including enactment of a statute repealing the IMLC, notification to the Commission AND other member states, repealing responsibilities, and reinstatement. Subsection G states the Commission is authorized to develop rules to address the impact of withdrawal.

Section 2, Article 22 proposes that the IMLC shall dissolve upon the date that membership of the compact is to one member state.

Section 2, Article 23 proposes the severability of the IMLC and that the provisions of the IMLC shall be liberally construed.

Section 2, Article 24 proposes the binding effect of the IMLC on other laws. Subsection A states that nothing in the IMLC prevent the enforcement of another law of the member state that is not inconsistent, and Subsection B states that member states' laws in conflict with the IMLC are superseded to the extent of the conflict. Subsection D deals with conflicts between the IMLC and member states' constitution.

Section 3 proposes the appointment of New Mexico commissioners for the IMLC. Subsection A states that the governor shall appoint two members of the New Mexico medical board who are licensed physicians; one member must be a medical doctor and the other an

osteopathic physician. The members shall serve until the member's successor has been appointed and qualified. The members serve at the pleasure of the governor or until the member is no longer a member of the New Mexico medical board. If a position is vacated, the governor shall appoint a medical board member who meets the qualifications of the vacating member. Subsection B of the governor may appoint an alternative commissioner to serve in the absence of a regular commissioner, pursuant to Section II, Article 11.

Section 4 requires the Commission to file copies of its current bylaws and rules with the state records administrator.

FISCAL IMPLICATIONS

N/A

SIGNIFICANT ISSUES

Since the Commission promulgates rules that the New Mexico Medical Board ("Board") will be bound to follow, and two members of the Board by statute will be appointed to participate in, this may implicate the Open Meetings Act ("OMA"), NMSA 1978, Sections 10-15-1 to 10-15-4. Although Section 2, Article 11 of HB243 establishes the Commission's meetings are open and noticed, it may be beneficial to assess whether the Commission's processes align with OMA requirements.

HB243 does not include an effective date. If signed into law, the legislation would go into effect 90 days after the Legislature adjourns. However, according to Section 2, Article 20, the bill proposes that the IMLC shall become effective and binding upon legislative enactment. Consider amending to include a matching clause.

Additionally, HB243 will create a new pathway for licensure, and as stated above does not change a member state's medical practice act or any applicable laws. However, pursuant to NMSA 1978, Section 61-6-13 (2023), New Mexico already has a physician expedited licensure framework. Section 61-6-1(A) states that upon receipt of a completed application, fees, and verification of licensure where the applicant actively holds a license to practice medicine, the New Mexico Medical Board may issue an expedited license as soon as practicable but no later than thirty (30) days. If HB243 is enacted, the Section 61-6-1(A) framework may only be applicable to physicians who do not hold a principal license in a compact states or physicians who do not want to utilize the IMLC. As such, it is unclear how Section 61-6-1 and HB24 will interact.

PERFORMANCE IMPLICATIONS

None.

ADMINISTRATIVE IMPLICATIONS

None.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

SB46 is a duplicate of HB243. There are several other bills introduced regarding interstate compact and licensure, see HB79: Audiology & Speech-Language Pathology Compact, HB81:

Occupational Therapy Licensure Compact, HB82: Physical Therapy Licensure Compact

TECHNICAL ISSUES

None.

OTHER SUBSTANTIVE ISSUES

None.

ALTERNATIVES

None.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status quo.

AMENDMENTS

See “Significant Issues” above.